MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

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	W		

200	2411 N. Charle	es St., Baltimore 940
correct	CERTIFICAT	TE OF DEATH Reg. Diat. No. 950
on carefully. The corclearly and legibly.	County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town County City or town limits, write RURAL and give pearest town) Street No. (If rural, give LOCATION)
cle	How long In hospital or institution?	2.(a) If veteran, name war
of death cle	3. (a) FULL NAME Benchen Bence	dict 3. (b) Social Security Number
ses	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. PLUG. 18.47, at & P. M.
y item he cau	6.(b) Name of husband or wife Jennie Denedust	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
ever	7. Birth date of deceased (mo., day, yellowing the first of deceased (mo., day, yellowing the day).	and that I last saw halive on
ADING INK. Supply Physicians: please w	8. AGE: Years Months Days If less than one day Of 11 &	Due to Du
-	11. Industry or business 12. Name	Dther conditions
wrin on important.	W 14. Maldan name culls ven:	(Include pregnancy within 3 months of death) Major fiadings of operations
especially,	16. Informant Civile Served Civil	Autopsy results
re PLAINL is especial	(Burial, cremation, or removal Which?) Cemetery or crematory Cemet	"Accident, suicide, or homicide
E WRIT	Location Abrumore. 18. Funeral director L. Lauffngu	Injured at home, farm, industry, public place (where?)
PLEASE	Address Peach Bottona a 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIDNATURE CONTROLLEN M.D. or other Address Control & M.D. or other Address Control & M.D. or other



CERTIFICATE	OF	DEATH	
			-

			TE OF DEATH Reg. Diat. No	960
1. PLACE OF DEATH: County		nd	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. MARYLAND County Garrett City or town. Oakland (If outside city or town limits, write RURAL and give notwood (If rural, give LOCATION) 2.(a) if veteran, name war Philippine Insurrection	
3. (a) FULL NAME			3. (b) Social Securit None	y Number
	William			
4. Sex 5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION	
W M		S ·	20. DATE OF DEATH February 18 19 47	, at 5:45 Al
7 Divin data of	6.	(c) If alive, give ageyears 78 (day unknown)	and that I last saw halive on	19.447
8. AGE: Years Months	Days	it less than one day	Multiple infarction (brain)	24 hrs.
68 2	?	hrsmin.		
9. Birthplace Oakland, Ma	ryland		Due to. Cardiac infarction with mural thrombus	Unknown
11 Industry or husiness			Due to Arteri osclerotic coronary disease	Unknown
12. Name Charles 13. Birthplace Barton,	A. Comb	s - Deceased	Dther conditions	
14. Maiden name Sarah A 15. Birthplace Mansfie	. Harris	- Deceased	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Walter A.			Same as above	
			PHYSICIAN: Please underline the cause to which death should be charge	
Address Oakland, 1			22. VIOLENCE: if death was due to external causes, fill in the following:	
Removal (Burial, cremation, or removal. Which?) Date thereof. 2-18-47 (month) (day) (year)		reof (month) (day) (year)	Accident, suicide, or homicide	***************************************
Cemetery or crematory Oaklan	d Cemete	ry	Where did injury occur?	(State)
Oakland 1			Injured at home, farm, industry, public place (where?)	***************************************
Location Garage Real Plants		***************************************	Means of injury ———— injured at work?	
1B. Funeral direction PENNINGTO Address Havre de			1.3/ Leclus	evi
19. Jel. 18 19. (Date rec'd by registrar)	7 In	S 11.	23. SIGNATULE A. E. TROLLINGER, M.D., CITH Address VAH, Perry Point, Md. Date signe	2-18-47

correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8340

CERTIFICATE OF DEATH

01573 960

Reg. Dist. No....

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Cecil City or town Ellerslie Perryville (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Clarita Sophie Dalcour Coudon	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION
	20. DATE OF DEATH
6.(b) Name of husband or wife Joseph Coudon of H	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
7. Birth date of	and that last saw h. A. alive on Full 7 19 47
deceased (mo., day, yr.) April 1, 1870	
8. AGE: Years Months Days If less than one day	Immediate course of death OURATION
76 10 19hrsmin.	1 Caleralinam
9. Birthplace Cuba (Town, county, and state)	Due to Comment of American
10. Usual occupation House Wife	
11. Industry or business	Use to.
12. Name	Other conditions Caracus Faclus
E 14. Maiden name Clarita de Bullet	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Cuba	Qate of op.
16. tntormant Henry F. Coudon	Autopsy results
Address Perryville Md.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Burial Burial Gurial, cremation, or removal, Which?) Gate thereof Gurial, cremation, or removal, Which?) Gate thereof Gate there	22. VIOLENCE: if death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory. Coudon Plot	Where did injury occur?
Location Ellerslie, Perryville, Md.	(City or town) (Coonty) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director of war. Califernan 4-for	Means of Injury injured at work?
Address Perry ville, M.L.	23 SIGNATURE Churchen Tolen Mes
19. Tes 22 147 Zane Laughester (Date rec'd by registrar)	Address / June and Driver Bate Signed 2/2//4



AINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.45-12	WRITE PL
VS A15	PLEASE

,		2411 N. Cha	
		CERTIFICA	AIE (
PLACE OF D	EATH:		2. U
Pr	RRY POINT,	MARYLAND	State
(1)		limits, write RURAL and give nearest town)	City
	turns adding a whore	dooth oneurods	
eterans	Administra	tion Hospital, Parry Poi	nt, stree
w long in hospital	or institution? 7	days	2.(a)
(a) FULL NAI	ME .		
CHARL	ES S. GRAY		
Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	
M	W	Single	-
			20. 0
(b) Name of husbar	d or wite		21. I
Birth date of	••••	6.(c) if alive, give ageye	ars and 1
deceased (mo., day	, yr.) May	18, 1997	Imm
. AGE: Yes		Days If less than one day	Di
4	9 8	29hrsm	
1. Industry or busin		Gray - deceased	Due to
13. Birthplace		Co., W.Va.	
-1	Sarah J	Jane Piper - deceased	Majo
15. Birthplace	Jefferson	a Co., W.Va.	
6. Intermant S	ister, Mrs.	Mabel Ballenger	Anto
Address	Millville		PHY
Rem (Burial, crematic	oval	Date thereof Feb. 18, 1947 (month) (day) (year)	22. Accid
Cemetery or crema	tory Unknown	o wn	When
	Harpers Fer		Injure
Location	7 7	1 1	Msan
	- man	THE CONTRACTOR	
8. Funeral director Address	PENNINGTON avre de Gra	ace, Md.	
Address H	avre de Gra	I serie & Doughon	23.

AT	E OF DEATH Reg. Dist. No	96 (
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Wo Va. County	
	City or town	e nearest town)
	Street No. None	
oin	(1111111)	. /
	2.(a) if veleran, name war. World War I	<i>V</i>
	3. (b) Social Secu	rity Number
	Unknown	
	MEDICAL CERTIFICATION	
	20. DATE OF DEATH Pebruary 17 19 4	7 1:00
	21. I CERTIFY that death occurred on the date above stated; that I attended February 10 19. 47 to Feb.	deceased from
. years	and that I last saw him alive on February 17	147
	Immediate cause of death	
	Disease of the Coronary arteries	
. min.	(Coronary Thrombosis)	7 deve
	Due to	***************************************
	Due to.	***************************************
	Other conditions	
	Uther conditions	
	(Include pregnancy within 3 months of death)	
	Major findings all operations.	
	Date of op.	
	Antopsy results	rged statisticaBy.
	22. VIOLENCE: If death was due to external causes, fill in the following:	
)	Accident, suicide, or homicide	
	Where did injury occur?	(State)
	Injured af home, farm, industry, public place (where?)	***************************************
	Misans of Injury Injured at work?	
	10 c 1 00	
	1. C. Nollera 50	-
	23. SIGNATURE A. E. TROLLINGER, M. D., Clin Address VAH Perry Point, No. Date Signature	. D. or other

FEB 1947
BUREAU. V.B.

ON STREET PROTECTION

CERTIFICATE OF DEATH

Reg. Diat. No. 94

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Mild Mark
City or town	State Causty Causty
How long in above place of death?	(If outside city or town imits, write RURAL and give nearest town)
Hospital, Institution, or street address where geath occurred:	
	Street No
How long in hospital or institution?	2.(a) It veteran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
Edward Harvey	hay
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 50
Male White Singlo	20. DATE OF DEATH Tet. 3 1947 216 - P. M
	21. I CERTIFY that death occurred on the date above etated; that tattender deceased from
B.(b) Namo of husband or wite	Die 3, 1846 10 Feb. 3 19 4/
7. Birth date of	and that t last saw have alive on Feb 3
deceased (mo., day, yr.)	Immediate cause of death for the tail and DURATION
8. AGE: Years Months Days If less than one day	- Pulmong ede
7 3 27hrsmin.	
B. Birthpiace Civil Co. Ind.	Due to /A y has tin sion years
(Town, county, and ataté)	
10. Usual occupation. / Cetired	Busto Carelio Mascula-
11. todustry or business Jenn. E.M.	disease à Saluria
# 12 Name Sac Sray	Dther conditions.
12. Name Sac Si auf	
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Carter 15. Birthplace MAD.	Major findings of operations.
El 15. Birthpiace	Oate of op.
16, Informant Ms. Mary 6. Hermets	Antopsy results
Address H. Stokes St. Havred Bray Mo	PHYStCIAN: Ptease underline the cause to which death should be charged statistically.
3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Date thereof (month) (day) (year)	Accident, suicido, or homicide
Cemetery or crematory Methodist Ch. Grd.	Where did injury occur?
Whattowen Circle G Hed.	Injured at home, farm, industry, public place (where?)
Location	Means of injury tnjured at work?
18. Funeral director 1 - 11 a dusun // Welley	Carry of right of the carry of
Address , Navy du Diace Ma.	11/11 whom I mit
on a cont	23. SIGNATURE M. D or other
(Date ree'd by registrar) (Date ree'd by registrar) (Registrar)	Address 8 m + Defort Date signed 2-5-42

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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PLEASE

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C	ERTIFICAT	E OF DEATH	Reg. Dist. No	J. Santa
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and g How long in above place of death? Hospital, Institution, or street address where death occurred:		City or town (11 outside city or town lin	County	
3. (a) FULL NAME	Riberca	Groves	3. (b) Social Security N	umber
Female White Wie	low	20. DATE OF DEATH		a1 10:18 P. M
8.(b) Name of husband or wife	2 5-2	21. I CERTIFY that death occurred on the date 23 Feb and that I last saw h.C.Tallye on Immediate cause of death	1947, 10 27 Feb. 23 Feb.	19.4.7
9. Birthplace Atth Early Crown, county, and state) 10. Usual occupation Manual Crown, county, and state) 11. Industry or business 12. Name William Crown 13. Birthplace 14. Maiden name. Many Local	to	Due to Arteriosclerosis Due to Conditions Cinclude pregnancy within		10 years
16. Informani Mao Educated Using Address Porth Early 17. (Burfal, cremation, or removal, Which?) Demetery or crematory Methodish Coation State of Coation Stat	ath (day) (year)	Autopsy results	causes, fill in the following; Bate of D'Ounty)	(State)
19. (Dato rec'd by registrar)	Registrar	Address North East	Mod Dale signed	27 Feb 47

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly,

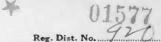
MARGIN RESERVED FOR BINDING

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MAF 3 1947

MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charles	St.,	Baltimore	94
		Olius Iob	.,	Dartinord	(74



2411 N. Charles St., Baltimore 942. CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mankand County levil
City or town	7.012
How long In above place of death?	(If outside city or town limits, write it UKAI and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 109 Detlill St.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
	1 3.(b) Social Security Number
4. Spx 5. Color or race 6.(a) Single, married, hipowed, or divorced	MEDICAL CERTIFICATION
M Cul manuel	20. DATE OF DEATH February 15 18.47 21 /46 M
no information	21. I CERTIFY that death occurred on the date above scaled; that I attended deceased from
6.(b) Name of husband or wife	19
6.(c) If allve, give age years	and that I last saw halive on
deceased (mo., day, yr.) Web /3 /8/6	Immediate gause of death
8. AGE: Years Months Days If less than one day	Cute soomary
hrsmln.	PA
9. Dirthplace (Town, county, and state)	Due to
Lilana	
10. Usual occupation.	Due to
11. Industry or business	
12. Name Stephen Harmons 13. Birthplace Elklow Mrs	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name 20 ufornaliou	Major findings of operations
15. Birthplace no renformation	Date of op.
16 Informant Eddie Hamis	Antopsy results.
SINT m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Charo Febr 18, 1947	22. VIOLENCE: It death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Elkton Colored austin	Whera did injury occur?
Elkton med	Injured at home, tarm, industry, public place (where?)
Location At ()	Means of injury Injured at work?
18. Funeral director	1) 1. D. A Odica Examina
Address Elktow, Mary Can	23 AMERICA EL COULOUR MIN COUNTY
18. Fet 18 19.47 FR Frague	(Resungles md 21/5-4)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411	N.	Charles	St.,	Baltimore	(83-0)	
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Dist	No				-	0

CERTIFICA	AIL OF DEATH Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantagive residence of mother)
County	State Mary Land County Lely
City or town	
How long in above place of death?	(If ontside city or own limits, write RURAL and give nearest town)
Hospifal, institution, or street address where death occurred:	Street No
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veferan, name war
3. (a) FULL NAME Mary M Magraw	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temale white Widowed	20. DATE DE DEATH. 7 66. 1 4 19.47 at 8,40 M
6, (b) Name of husband or wife Austra. H. d. Hausen a	(21. 1 CERTIFY that death occurred on the date above stated; that Lattended deceased from
	april 125 18 12 10 til 14 19 47
7. Birth date of 11 17 1070	and that I last saw h 2 alive on 14 1847
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
76 10 27hrs.	nin. Oliebral applety 3 nin
Tox Homas Rew Harford &	Due to Affectionsion Eyes
(Town, county, and atate)	
10. Usual occupation	Due to
11. Industry or business Home	
12. Name Dry James W. Magraw	Differ conditions
13. Birthplace Han-de. Frace Puel	
14 Maiden name Katherine W. Stume	(Include pregnancy within 8 mouths of death)
14. Maiden name Vatherine W. Sturmy 15. Birthplace Legyalle nee	Major findings of operations.
El 15. Birthplace	Dafe of op.
16. Informant	Autopsy results
Address Tempelle Med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Qurial Pate thereof Let 18, 19	22. VIOLENCE: If death was due to external causes, flil in the following:
(Burial, cremation, or removal Wincom) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of land Moderated Stand	Where did injury occur?
Location Colora My Oliva	Injured at home, farm, industry, public place (where?)
18. Funeral director Lew a. Patterson 4. S.	Means of Injury Injured af work?
Address Terry ville, and.	J. F. Magnet
Fel 12 /12 2 8 M.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Regist	ray Address Sergulle fill Date signed 2/17/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cale is especially important. Physicians: please write the causes of death clearly and legibly

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CERTIFICATE OF DEATH

11	N.	Charles	St.,	Baltimore	162:0	
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01579 Reg. Diat. No. ...

1. PLACE OF DEATH: A - A	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ceci-	(For newborn infanta give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State 2nd County Charles
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yests	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Established State of the State	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME Penten Hevlow	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 10 1-1 0	
In lish widowed	20. DATE OF DEATH Telemony 2 19 47 21 12:309
Carrie C Kerlan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife	J. 19 4 6, 10 Fresh 1, 1947
	and that I last saw h. Associative on Field ? 1947
7. Birth date of deceased (mo., day, yr.) Oct. 17 1858	
8. AGE: Years Months Days tiless than one day	Immediate cause at apara
o. Add.	- Link flynder Liver
89 3 16min.	
9. Birtholace orednecktown ma	Due to.
(Town, county, and state)	Olau L
10. Usual occupation Lettle former	Due to
11. Industry or business	
12. Kame Jones / Verlow 13. Birthplace Frontland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden came Cles Briley	
14. Maiden came Cles Briley 15. Birthplace Manyford	Major findings of operations.
\$ 15. Birthplace Maryland	Date of op
16. Informant Strat of Lethour	Antopsy results
no IP+ had	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
Address Chesipertie City Mills	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location Tren Cheropeoke City Mil	Injured at home, farm, Industry, public place (where?)
Location	Meens of Injury Injured at work?
18. Funeral director	11
Address Clatin mid	Man of Donn Own
(X) /1 / 0 P. /// 0/12.	23. SIGNATURE M. D. or other
18thuard 4 1944 Hours hours It ill	
(Date rec'd by tegistrar) Registrar	Redresc Me Alexandra Date signed 777

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

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CERTIFICATE OF DEATH

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1. PLACE OF I		T		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	ELECTION TO	
CECIL County			J	State Maryland County Man	lames.	
City or fown Perry Point, Maryland (If outside city or town limits, write RURAL and give nearest town)			RIBAL and give negreet town)	Voneington Manuland	Toplan hairin broken	
How long in above place of death? 1 month and 14 days			and 14 days	City or town Kensington, Maryland (If outside city or town limits, write RURAL and give ne	areat town)	
Moceltal Inctitution	or cireet andress to	inere death occurr	EGG :	Street No. 9515 East Stanhope Road, Rock (reek Hill	
VAH,	Perry Po	int, Mar	yland	/ L L L COMMINSON		
How long in hospital or Institution? Unknown			••••••••••••••••••••••••••••••••••••••	t(a) If veteran, name war World War I		
3. (a) FULL NA	ME			3. (b) Social Security	Number	
		או פעוואחוו	RTHUP HUME			
4. Sex	5. Color or race		gle, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	W	D	ivorced	20. DATE OF DEATH February 23, 19.47		
6 (b) Name of husha	and or wife	************************		21. I CERTIFY that death occurred on the date above stated: that I attended dec		
	-	-	(c) If alive, give ageyears	January 9 1947 10 Feb. 23		
7. Birth date of	36			and that I last saw him alive on February 23	19.4	
deceased (mo., da		15, 18		Immediate cause of death	DURATION	
8. AGE:	ears Months	Days	If less than one day	Cerebral Embolism	24-36 t	
1	48 11	8	hrs min.			
	Chicago.	Tll.		Due to Coronary Artery disease with	45 days	
9. Birthplace Chicago, Ill. (Town, county, and state)			state)	myocardial infarction		
10. Usual occupation	Salesm	an		Queta Arteriosclerosis	Unknown	
11. Industry or busi				Oue to		
E	Sumner H	ume - De	ceased	City and titles		
			***************************************	Uther conditions	** ************************************	
13. Birthplace	Chicago	9 1 17 th	2	(Include pregnancy within 3 months of death)		
里 14. Maiden na	me Milar	ed North	up - Deceased	Major findings of operations		
W 15 Rirthnlace	Mildr Brook	lyn, N.Y	•	Date of op.		
10. 5411101000	Ina ctan	less Carrel	am - sister	Autopsy results. No autopsy		
				PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address 951	5 E. Stan	hope Rd.	Kensington, Md.	22. VIOLENCE: If death was due to external causes, till in the following:		
, Remova	al tion, or removal. W	Date fh	ereof. 2/26/47 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremat	tion, or removal. W	hieh?)			12 00 2 00 00 00 00 00 00 00 00 00 00 00	
Cemetery or crematory Arlington National Cemetery			ional Cemetery	Whare did injury occur? (City or town) (County)	(State)	
Location	Ft My	er, Virg	inia	Injured at home, farm, Industry, public place (where?)		
	12		10	Means of Injury Injured at work?	***	
1B. Funeral directo	PENNING	TON SSO	N	17/1 man	44	
Address Ha	avre de G	race, Ma	ryland	23. SIGNATURE 2	900	
7.1	ا ا	47 2	ene E. Daughan	A.E. TRULLINGER, II. D., CLIPA D	1 7 25 17	
Date rec'd by	y registrar)	· 6	Registrat	Address VAH, Perry Point, Md. Dafe signed	JC-27-41	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cerrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

15 9-45-15M

WRITE

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FEB 28 1947
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correct age

2411 N. Charles St., Baltimore (1644)

CERTIFICATE OF DEATH

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	Number	
3. (b) Social Security 210-20-1360 L CERTIFICATION 19. 47	Number	
3. (b) Social Security 210-20-1360 L CERTIFICATION 19. 47	Number	
3. (b) Social Security 210-20-1360 L CERTIFICATION 19. 47 ate above stated; that I attended dece	Number	
3. (b) Social Security 210-20-1360 L CERTIFICATION 19. 47 ate above stated; that I attended dece	Number	
210-20-1360 L CERTIFICATION 18TY 19 47		
L CERTIFICATION 18 47		
ate above stated; that I attended dece	0310	
ate above stated; that I attended dece	03/0	
ate above stated; that I attended dece	at	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 Feb. 19 47 to 28 Feb. 19 47 and that I last saw h im alive on 28 Feb. 19 47		
	. DURATION	
, left chest, int le of the heart.	5 0	
(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. Same a PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	28 Feb. ssive, left thors , left chest, int le of the heart. thin 3 months of death) Date of op. to which death should be charged real eauses, fill in the following:	

and detailed it, 1989

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

	01582960
Reg. Dist.	No

	The state of the s		
A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County. Cecil	(For newborn infanta give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Ceal		
How long in above place of death? 8 Months.	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Bet 811 at 14		
4.S.D. Hospital Bainhridge md.	Street No. (If rural, give LOCATION)		
How long in hospital or institution? 3/ Lrs.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Jeggy Lie			
4. Sex 5. Color or race 8.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female W.	20. DATE OF DEATH 11 February 1947 at 12 PM		
6 (A) Nome of bushand or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(6) Name of husband or wife. 3 J-v= 1946	10 Feb 1847 1011 Feb 1847		
5.(c) It alive, give age years	and that I last saw h est alive on 1 Feb 1947 19		
deceased (mo., day, yr.) June 3, 1946	Immedia; cause of death		
8. AGE: Years Months Days If less than one day	Bronchial previous Zdays		
F - 8hrsmin.			
a circles Bainbridge md.	Quata		
9. Birthpiace	OUE (U		
10. Usual occupation.			
11. industry or business	Oue to		
4			
12. Name 12. Name Minnesote	Diher conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Marilyn yvonne Johnson 15. Birtholace Escanaba Michigan	Major findings of operations		
2 15. Birthplace Escando Michigan	Date of op.		
16. Informant Thomas Edward Sle	Knopsy results Death due to Bronchist preumona Bilat		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Village 9/1-14 - Dambridge M	22. VIOLENCE: tf death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide		
Mart Matt			
Cemetery or crematory	Where did injury occur?		
Location Cocord Will.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Lev a. Catterson & So	Means of Injury Injured at work?		
Address Perryville ma.	Guskam R. Johnston		
71 10 01 4 6 N	23. SIGNATURE OF D., U.S. N. T.C. M. D. or other		
Date rec'd by registrar) Presse & Daughary	Address Base be dee Md. Date signed 11 Feb 97		



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	PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legible
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VS A16 945,15W	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and
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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long to hospital or Institution?	3.(b) Social Security Number
Willred Lewis Fore	
4. Sex Color or race G.(a)Single, merried, widowed, or divorced	MEDICAL CERTIFICATION 30
male While Infant	2D. DATE DE DEATH 3 19 47 at 1 Q 1
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Jatlandod decreed from
7. Birth date of doceased (mo., day, yr.) Oug 6 - 1946	
8. AGE: Years Months Days If less than one day 26	Immediata cause of death Thomolive Concurrence They
9. Birthplace Ellston Coulty end state)	Due 10
18. Usual occupation	Due 10.
12. Name W. B. Love 13. Birthplace Peach bottom Pa	Dihor conditions
	(Incinde pregnancy within 3 months of death)
14. Maidon name. Coma Contaction 15. Birthplace Russy Sen	Major findings of operations
16. Informant W. B. L.	Actors results
Address Commission Md	PHYSICIAN: Please noderline the caose to which death should be charged statistically.
11 Burial, eremation, or removal. Which?) Vale thereof. # # 1, 1947 (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, eremation, or removal. Which?) (month) (dsy) (year)	Where did injury occur?
Daliat md.	tnjured at home, farm, Industry, public placo (whero?)
Cocation Roll m Roll	Moons of Injury Injured at work?
Address Rising Sun Md.	1. F. Marial 10
19. Feb 3 (Date ree'd by registrar) 19. Feb 3 (Date ree'd by registrar) Registrar	Addross Date signod 14.7
(Date see d by registrar)	Manifestion of the state of the



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5)-8)

CERTIFICATE OF DEATH

(1158496) Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Cecil
City or town	
How long in above place of death? Life	City or town
Hospital, Institution, or street address where death occurred:	Street No.
Otsego St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elmore H. Owens	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. I ebusary 13 19 47, at 64, M
B.(b) Name of husband or wife Eleanor C. Owens	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	19 10 February 18 # 7
7. Birth date of deceased (mo., day, yr.) November 24, 1879	and that I last saw h. M. alive on
8. AGE: Years Mooths Days If less than one day	Immediate cause of death Melastical DURATION
67 2 30min.	
	Walter State of the State of th
9. Birthplace Perryville Cecil Co., Md. (Town, county, and state)	Oue to.
10. Usual occupation Clerk	
11. Industry or business General Store	Oue 10
量 12. Name Elmore H. Owens	Other conditions
13. Birthplace Perryville . Md.	
Managarat Tono Wilcon	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Oate of op
16. Informant Margaret Owens Bailey	Autopsy results
Address Otsego St., Perryville, Md.	
Burial (Burial, cremation, or removal, Which?) Oate thereof Feb. 25, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
Hanawa 13	Accident, suicide, or homicide
Cemetery or crematory. Hopewell	Where did injury occur?
Location Port De posit, Md. Rural	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lel a Cathersen 4 Son	Means of injury Injured af work?
Address OchWill. W	73 SIGNATURE & 7. Magraco
2-1 36 (1.12) CA	73. SIGNATURE M. D. prother
19. Tet. 25 Jay Jame 2. Planghar Registrar	



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9/10/

CERTIFICATE OF DEATH

01585 Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	manland Care
City or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME George E Redden	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Robons widown	20, DATE OF DEATH TELL 5 147 21 N
6.(b) Name of husband or wife Mollie Redden	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I tast saw halive on
deceased (mo., day, yr.) 8 AGE: Years Months Days If less than one day	Immediate cause of death
91 9 14	accus working
/ / /hrsmin.	- Alfanda I amanda I
9. Birthplace Chesafeake, City ma	Due to Due to
(Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	
12. Name / terry Reader	Other conditions
	(Include pregnancy within 3 months of desth)
# 14. Malden name Jamina Merces	
14. Maiden name January Merces 15. Birthpiace Chasafeake Cat, Mid	Msjor fiudiugs of operations.
13. artifipate	Date of op.
16. Informani	Autopsy results.
Address Chesokovia. City mit NV	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Feby 8 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory, Marcor Ceretery	Where did injury occur?
Charles Ke City med RD	tnjured at home, farm, industry, public place (where?)
Location	
18. Funeral director	Means of injury Injured at work?
Modress Elkton md	All odsoven
Felucial of us been Bulle & That	23. SMAATURE M. D. or other
(Sate rec'd by registrar)	Address Centry Scill Ma Date steel - 5-41

FEB 10 1947

Feb. 5 A7

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2411 N. Charl	es St., Baltimore (3) 4 (11586)
CERTIFICAT	TE OF DEATH Reg. Dist. No. 920
1. PLACE OF DEATH: County City or town. (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or fown (If outside city or town limits, write RURAL and give nearest town) Street No.
216 West man St - How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Tacob F. Steele	3. (b) Social Security Number
4. Sex 5. Color or race Culture Culture 6.(a) Single, married, widowed, or divorced Culture Cult	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 45. to 20. 19. 47. and that I last saw h. (Arx. allye oo 2. 19. 19. 7. Immediate capse of death 19. 47. Bue to 21. Due to 22. Due to 23. Due to 24. Due to 25. Due to 25. Due to 26. Due to 27.
11. todustry or business 12. Name	Other conditions (Include pregnancy within 3 months of death) Major findings of operations
16. Informani Ganek Hele Address Elkloss Vist	Autopsy results
17. But 1 1947 (Burial, cremation, or reproval. Which?) Cemetery or crematory Location Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director	Means of Injury injured a) work? 23. SIGNATURE Onl ford & Drug Ley, In O. Address. Ellator, In O. Date signed fell 15,1547.

Frank Address...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BUREAU V. M.

FEB 20 1947

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V. S. No. 1 Ä

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 01587
1. PLACE OF DEATH	947
County Ceel	Registration Dist. No. 900
Village or City avterweeks	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary C. Sullevein	If U. S. Veteran, specify WAR
(a) Residence: No. Waterwich nue	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Grice the word)	21. DATE OF DEATH February 3 cle 1947 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HERBBY CERTIFY Thet I ettended deceased from
1 wate 1 dr 1	Vlast saw be alive on Auto 19 7 death is said
6. DATE OF BIRTH (month, day, and year face of 18 17. 7. AGE Years Worths Days If LESS than	last saw be alive on field for all 1947; death is said to have occurred on the date stated above, et 9. 2.1.m.
76 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Coronary Herombers Date of onset
8. Trade, profession, or particular kind of work done, es SPINNED SAWYER, BOOKKEEPER, etc.	100
9. Industry or business in which work was done, as SILK MILLOUSE FAMILY, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year)occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Many (State or county)	arteristoleracis sulsa
1 00 001	3
14. BIRTHPLACE (city or town) - Sellings (State or country)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Ratherine Devene	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cattering Covere 16. BIRTHPLACE (city or town) Incland	Accident, suicide, or homicide? Date of Injury, 19
S (Stete or country)	Where did Injury occur?
17. INFORMANT Clud for of Seellevine (Address) and Melthing Red	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of Injury
Place Pohemia Cunty Date 2-17-, 1947	Nature of Injury
19. UNDERTAKER To disturbances (Address) Townsond have	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Feb. 16 1947 Mrstaroede Cheyne	If so, specify (Signed) M. D.
Registrar. // If more blanks are needed, address State Registrar.	2411 N. Charles Speet, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 1018 194/	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 98

CERTIFICATE OF DEATH

5		():	15	8	81	21)
	Reg.	Diat.	No.		/	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death? 72 yero	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred;	Sireet No. M. man ST.
W. Marad ST	(If rural, givs LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fannie Va	ndergrift
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J. Wh widowed	20. DATE OF DEATH. Felman 9 19.47, 21 5.30 PM
7 6 16 16 16 18 St	21. J-GERTIFY that death occurred on the date above stated: that I attended deceased from
8.(b) Name of husband or wife	January 5 1947, 10 Feb. 9 1947
7. Birth date of	and that I last saw h. A. alive on Jef. 5 18 47
deceased (mo., day, yr.) Sept 28, 1874	Immediate cause of death DURATION
8. AGE: Years Months Days If tess than one day	Toterna /wel
72 4 //nrsmin.	
9. Sirtholace Election Ind	Due to Cangrane of A Lea Sweet
(Town, county, and state)	
10. Usuai occupation. Lat Home	Que to
11. Industry or business	
12 Name Marks Leberman	Other conditions.
12. Name Marker Leberman 13. Birthpiace Elkton Ind	
	(Include pregnancy within 3 months of death)
14. Maiden name 2 15. Birthplace	Major findings of operations. Mondo
ž 15. Birthplace	Date of op.
16. Interment Frank Vandegraff	Autopsy results
Address Elkton, mil 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 . 0	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whieh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory. Clktan	Where did injury occur? (City or town) (County) (State)
Location Clotton and	Injured at home, farm, industry, public place (where?)
111.011.	Means of Injury tnjured at work?
18. Funeral director.	1 . 0 . 0
Address Clkton, md	23 SIGNATURE Sameod. Johnson Mich
tel 11 m/2 FRTmen	23. SIGNATURE M. D. or other
(Dats rec'd by registrar)	Address Clata Ma Date signed 2/4/47.

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SECTION OF STREET

FEB 15 1947

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REGITTED

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 82-0

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d from 26.19.47....

9:55 A.M

DURATION day

unknown

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Reg. Dist. No.

1. PLACE OF DEATH: COUNTY					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			MARYLA	ND	State MARYLAND County			
			Dollimone					
How long in above	place of d	eath? 1 y	r. 9 mc	s. 25 days	City or town. BALCIMOFE (1f outside city or town limits, write RURAL and give nes	arest town)		
Hospital, instituti	on, or stre	et address where	death occurre	i:	Street Mo.			
		erry Po		•	(If rural, give LOCATION)			
How long in host	ital or inst	titution? U1	nknown		2.(a) It veteran, name war Spanish-American War	<i>V</i>		
3. (a) FULL 1		- Arms			3.(b) Social Security	Number		
21 (u) 11 == 1		1	MICHAEI	. WILLINGER	5, (c) 55th 55th,			
4. Sex	5.	Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION			
M		W	Sir	ngle	7-1	0 ""		
					20. DATE OF DEATH February 26, 19 47			
6.(b) Name of hu	aband or w	ife			21. I CERTIFY that death occurred on the date above atated; that I attended dece May 1, 19.45., to Februar.			
				c) If alive, give ageyears	and that I last saw h im alive on February 26			
7. Birth date of deceased (mo.	day yr)	Februa	rv 9. 1	882				
8. AGE:	Years	Months	Days	If less than one day	Immediais cause of death			
o. Aug.	65	0	17	hrs	Hemorrhage, cerebral	l day		
	Bal	timore,	Marvla	nd	Due to Arteriosclerosis, generalized			
9. Birthplace		(Town	county, and	state)	and cerebral	unknow		
10. Usual occup	atlon	Labor	er					
					Due to	• • • • • • • • • • • • • • • • • • • •		
11. Industry or b				1.7		***************************************		
12. Name	NC	record	availa	rote	Other conditions			
3. Birthpla	ce							
出	N	lo recor	d avail	able	(Include pregnancy within 3 months of death)			
14. Malden 15. Birthpla	name				Major findings of operations			
€ 15. Birthpla	ce				Date of op			
16, Intermant					Antoney results Same as above			
to, intermant					PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
Address					22. VIOLENCE: If death was due to external causes, fill in the tollowing;			
17 Remo	val		. Date the	(month) (day) (year)	Accident, suicide, or homicide	Principles .		
Removal (Burial, cremation, or removal, Which?) Cemetery or crematory Baltimore National Cemetery		(month) (day) (year)						
Cemetery or c	rematory	Baltim	ore Na	clonal Cemetery	Where did Injury occur?	(State)		
Location		-Baltim	ore, Ma	ryland	Injured at home, farm, Industry, public place (where?)			
	1)			ter 1 Dec	Meana of injury injured at Rork?			
18. Funeral dire		MINITMOTO	N R FO	VI	(2) (handa			
Address	Ha	avre de	Grace.	Maryland	1. C Wille	16		
Fet.	30	19 47	3 2	ne E. Songland	23. SIGNATURE TROLLINGER, M. D., Clin MD1			
(Date rec'd	by registr	rar)		Registrar	-Address VAH, Perry Point, Mu. Date signed.	5-51-41		

MARGIN RESERVED FOR BINDING

information carefully. The of death clearly and legibly

ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, WITH UNF is especially important.

VS A15

PLEASE WRITE

